

TPQY DTE:09/29/08 SSN: [REDACTED]-4348 DOC:629 UNIT:CEB PG: 001
STATUS MBR YES LOU-09/29 SSACCS NO LOU-09/26 SSR YES LOU-04/02/97
INPUT SOCIAL SECURITY NUMBER [REDACTED]-4348 NAME J WHITT USER CODE CEB
TPQY CONFIDENTIAL SOCIAL SECURITY DATA - CLAIM NUMBER [REDACTED]-4348A
INDIVIDUALS OWN SOCIAL SECURITY NUMBER: [REDACTED]-4348
JANICE D WHITTSETTE FEMALE BORN:07/15/79 ENTITLED:06/1997

ALVIN WHITTSETTE FOR JANICE D WHITTSETTE
PO BOX 576 MOUNDVILLE AL 35474

PAYMENT STATUS CODE: C -BENEFITS PAID

NET MONTHLY BENEFIT IF PAYABLE: \$748.00

DUAL ENTITLEMENT NUMBER: [REDACTED]2806C4

BENEFIT HISTORY:

DATE: GROSS BENEFIT:

12/2007 \$748.00 CREDITED

09/2007 \$731.00 CREDITED

MEDICARE DATA ENTITLED PREMIUM BUY-IN CODE START

HOSPITAL INSURANCE 06/1999

SUPPLEMENTAL INSURANCE 06/1999 \$ 96.40 010 06/1999

DATE DISABILITY BEGAN: 01/1997

PART D PLAN NUMBER: S5967149000

PART D PREM COLL METH TYP: N PART D PREM PAY START: 01/2008

PART D PREM STOP: PART D PREM W/H: \$.00

PART D ENROLL PENALTY: \$.00 PART D BASE PREM: \$29.10

PART D SUB RED PREM AMT: \$29.10

PART D ENROLL PENALTY SUB BY CMS: \$.00

PART D SUPPLMTL COVERAGE PREM: \$.00

INPUT SOCIAL SECURITY NUMBER [REDACTED]-4348 NAME J WHITT USER CODE CEB

TPQY CONFIDENTIAL SUPPLEMENTAL SECURITY INCOME DATA ON [REDACTED]

JANICE D WHITTSETTE FEMALE BORN:07/15/79 ELIGIBLE:03/1997

APPLICATION DATE: 03/12/1997 TYPE OF PERSON: DISABLED CHILD

CITIZEN/ALIEN CODE: A

MAILING ADDRESS:

ALVIN WHITTSETTE

FOR

JANICE D WHITTSETTE

P O BOX 576

MOUNDVILLE AL 35474 0576

MAILING ADDRESS:

ADDRESS UNKNOWN

NET CURRENT BENEFIT FOR 09/01/2008 - FED AMT: \$0.00 STATE AMT: \$0.00

PAYMENT HISTORY OF NET BENEFITS PAID:

DATE: FEDERAL AMT: STATE AMT: TYPE OF PAYMENT:

11/01/2007 \$ 0.00 \$ 0.00 NONE MADE

09/01/2007 \$ 0.00 \$ 0.00 NONE MADE

PAYMENT STATUS CODE: T31 - TERMINATED BY SYSTEMS ACTION

EFFECTIVE 11/2007

DISABLED

INFORMATION

ANOTHER QUERY RESPONSE WILL BE GENERATED USING

DUAL ENTITLEMENT NUMBER: [REDACTED]2806 C4

INPUT SOCIAL SECURITY NUMBER 421-06-4348 NAME J WHITT USER CODE CEB

INFORMATION

D O REVIEW REQUIRED

IDENTITY DISCREPANCY BETWEEN MBR & SSR:

PERSONS NAME DISCREPANT

SOCIAL SECURITY ADMINISTRATION

This is an official verification of
Social Security and/or SSI benefits

(A)

Signature

0929

Date